

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1428

1. PLACE OF DEATH

County *Jasper*Registration District No. *408*Township *Marion*Primary Registration District No. *3020*City *Carthage*

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No. *425 N. Oak*

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *35* yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF*Saphronia Rogers*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 27, 1859

7. AGE

YEARS

72

MONTHS

4

DAYS

20

If LESS than 1

day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

Custodian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Saline, Illinois**2*

13. NAME

John O. Rogers

FATHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown, New Jersey

MOTHER

15. MAIDEN NAME

Mary Frazee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

New York, N.Y.

17. INFORMANT

(ADDRESS) *Mrs. Ira Rogers, 425 N. Oak - Carthage, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Mark Cemetery* DATE *Jan. 19, 1932*

19. UNDERTAKER

(ADDRESS) *Kneel Mortuary, Carthage, Missouri*

20. FILED

Jan. 18, 1932 O. H. Fitcham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan. 17, 1932

22. I HEREBY CERTIFY That I attended deceased from

*Jan 8, 1932, to Jan 17, 1932*I last saw him alive on *Jan 17, 1932* Death is saidto have occurred on the date stated above, at *1 P. m.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Cerebral Thrombosis**1-8-32**82 B \$2 B*

Other contributory causes of importance:

He had two similar attacks within the last 8 years - each followed by a season of paralysis -

Name of operation

Date of

What test confirmed diagnosis *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

If so, specify

(Signed) *D. X. Cordonner*, M. D.(Address) *Carthage, Mo.*

1948